Texas Board of Nursing 1801 Congress Avenue, Suite 10-200 Austin, TX 78701

APPLICATION FOR TEXAS APRN LICENSURE (PART II)

THIS FORM IS FOR POSTAL MAIL SUBMISSION ONLY

The director of the program or designated official (only if the program is permanently closed) must complete this section after the graduate's program completion date and indicate information regarding the applicant's advanced practice nursing education program of study. All blanks of this section must be completed in their entirety. Do not use white-out for corrections; please cross out any incorrect information, provide the correct response, and initial the change. Note: The "completion date" is the date when the program/program director deems the student to have finished, met all the requirements of the program, and exited the program. This may not necessarily be the same as the formal date of graduation.

Please read the following carefully:

The Affidavit section of this form <u>must</u> contain the handwritten, original ("wet") signature of the program director (or designated program official if the program is permanently closed) <u>and</u> the school seal (affixed, imprinted, or stamped) where indicated. Forms received by the Board which contain a non-original signature, digital or electronic signature, typed name, signature stamp, or other reproduction of a signature will not be accepted. Please mail the completed, signed form directly to 1801 Congress Avenue, Suite 10–200, Austin, TX 78701.

VERIFICATION OF COMPLETION OF AN EDUCATION PROGRAM IN AN APRN ROLE								
1.	Name of Graduate:		First Nar					
_					M.I.	Last	t Name	
2.	Advanced Role and Popula	educated:		σ Family Nurse I	Practitioner, Nurse Anesthetist)			
					,,	s.g. ranniy ivarse i	Tractitioner, Naise Allesticusty	
3.	Name of University/Institu	tion:			Location	of Program:		
4.	Type of Program (select only o	(city, state) Certificate* Master's Post-Master's Certificate* Doctor of Nursing Practice one) *A certificate program is not the same as a post-master's certificate program.						
5.	5. Program Completion Date (MM/YYYY or MM/DD/YYYY):							
6. Length of Didactic (credit or clock hours)				Length of Clinical Hours (clock hours only) Include only clinical hours completed for academic credit from the institution identified in #3. Do not include clinical hours for which transfer credit or credit by exam was awarded.				
7.	At the time the applicant Accreditation Commission f Council on Accreditation of Commission on Collegiate N Other (please specify)	or Midwifery Education Nurse Anesthesia Education			Accreditation Co	ommission for Ed tion of Nurse Pr	ducation in Nursing ractitioners in Women's Health	
8. Please indicate the course number(s) in which the applicant completed the following content:								
Advanced Assessment				Advanced Pharmacology				
	Advanced Physiology and Pathophysiology			Role Preparation				
AFFIDAVIT								
that		e has met all requiremer	nts for comp	letion of the	advanced prac	ctice nursing e	formation is true and correct and education program for which I am information contained herein.	
	AFFIX SCHOOL SEAL BELOW Director's original signature Please do not use a signature, or typed name in lieu of a handwritten original signature							
			Title/Posi	tion		Γelephone nun	nber	

Date Signed_

Email:



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CONSENT TO RELEASE INFORMATION — APPLICATION FOR TEXAS APRN LICENSURE (PART II) Applicant must complete and sign this Consent form and forward bot pages 1 and 2 of the Part II of the APRN Application to the program

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I have completed all requestions forward the signed form	uirements of the program of study, please m directly to the Texas Board of Nursing	, have applied to the Texas Board of Nursing for licensure as an					
Student ID/SSN	Signature	Date					
INFORMATION FOR THE PROGRAM DIRECTOR							

APRN licensure in the state of Texas is granted based upon formal education in a specific advanced practice role and population focus area. ALL applicants, including those seeking licensure by endorsement, must demonstrate that they have met the education requirements for licensure. The curricular requirements for licensure are set forth in 22 Tex. Admin. Code, Ch. 221.

SELECTED OPERATIONAL DEFINITIONS

- 1. Advanced health assessment—A course that offers content supported by related clinical experience such that students gain the knowledge and skills needed to perform comprehensive assessments to acquire data, make diagnoses of health status, and formulate effective clinical management plans. Content must include assessment of all human systems, advanced assessment techniques, concepts, and approaches.
- 2. **Advanced Pharmacology**—A course that offers content in pharmacokinetics and pharmacodynamics, pharmacotherapeutics of all broad categories of agents, and the application of drug therapy to the treatment of disease and/or the promotion of health.
- 3. **Advanced Physiology and Pathophysiology**—A comprehensive, system-focused pathology course that provides students with the knowledge and skills to analyze the relationship between normal physiology and pathological phenomena produced by altered states across the life span.
- 4. Role Preparation—Formal didactic content and clinical experiences/content that prepare nurses to function in an APRN role.
- 5. **Clinical Learning Experiences**—An opportunity for students to apply knowledge by managing patient/client care in a healthcare setting. Clinical learning experiences are planned and monitored by either a designated faculty member or qualified preceptor.
- 6. **Practicum/Preceptorship/Internship**—A designated portion of a formal educational program that is offered in a healthcare setting and affords students the opportunity to integrate theory and role in both the clinical specialty/practice area and advanced nursing practice through direct patient care/client management. Practicums, preceptorships, and internships are planned and monitored by either a designated faculty member or qualified preceptor.

SELECTED OPERATIONAL DEFINITIONS

A program designed to prepare APRNs for advanced practice roles shall include the following:

- 1. **Separate, dedicated, graduate level courses** in Advanced health assessment, Advanced pharmacotherapeutics, and Advanced physiology and pathophysiology (integrated content, including content integrated in medical management courses, is NOT accepted in lieu of separate courses in these content areas);
- 2. A minimum program length of one academic year that includes a formal preceptorship
- 3. Diagnosis and management of diseases and conditions
- 4. Evidence of theoretical and clinical role preparation;
- 5. Evidence of clinical major courses in the population focus area;
- 6. Evidence of a practicum/preceptorship/internship to integrate clinical experiences as reflected in essential content and the clinical major courses; and
- 7. Faculty prepared in appropriate roles and population focus areas.

NOTE: APRN applicants who completed their programs on or after January 1, 2003 shall demonstrate completion of a minimum of 500 unduplicated clinical clock hours in each advanced role and population for which they have applied within their advanced educational programs.